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Education, persuasion and the reduction of alcohol-related harm: a reply to Craplet

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Letters to the Editor

PROBLEM GAMBLING IS NOT SYNONYMOUS WITH GAMBLING ADDICTION: A COMMENT ON BLASZCZYNSKI (2005)

Blaszczynski (2005) appears to make some common mistakes.

Problem drinking is not a synonym for a disease such as alcohol dependence, but merely states that in some way that person's consumption of alcohol has consequences called problems. However, such consequences are *not* symptoms. When we stigmatize a condition with our prejudices it is very tempting to make consequences symptoms. By the same token, problem gambling is not gambling addiction. The use of the terms 'problem drinking' or 'problem gambling', at least in part, are an attempt to take away the primacy of the physician in diagnosing, prognosticating and prescribing treatment for diseases such as gambling addiction or alcohol addiction.

He does not distinguish between necessary causes and sufficient causes. It is a necessary cause of bovine tuberculosis to drink milk contaminated by that bacillus but it may not be a sufficient cause, as clearly not all those who drink that milk develop tuberculosis. None the less, when preventing rather than curing, reducing the impact of a necessary cause can be critical. We can take such measures as pasteurizing milk and obtaining milk from cows that are not infected with tuberculosis.

We can justly say that as gambling is a necessary cause of gambling addiction then the number of those suffering from such an addiction may be reduced by appropriate controls on the frequency and intensity of gambling.

As an afterthought, does the author advocate the abolition of prohibition on drugs such as heroin?

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Reference

Blaszczynski, A. (2005) To formulate gambling policies on the premise that gambling is an addiction may be premature. *Addiction*, 100, 1230–1231.

OPEN LETTER TO MY FRIENDS AND COLLEAGUES

You will know of my involvement in alcohol policy from my presence at international conferences, in working

parties and institutions, thanks to my knowledge of the 'langue de Shakespeare', as we say in French. I have tried to learn the languages of the World Health Organization (WHO), of the European Institutions and of international alcohol research. As chairman of Eurocare from the beginnings of this non-governmental organization (NGO), I have developed my knowledge of European cultural differences in the fields of alcohol, policy and politics. The Association Nationale de Prévention en Alcoologie et Addictologie (ANPAA), where I work as the senior medical adviser, is the only institution in France, public or private, which has defended the population-based approach of prevention and alcohol control policy. Even though we have not succeeded in every aspect of our policy, we have had some success concerning alcohol advertising with the 'loi Evin' (legislation concerning the statutory control of advertising alcohol in France since 1991), through a 10-year lobby to have the law voted for in 1991 and recently a 1-year battle to save it from wine producers' attacks. I am a policy adviser and also work 'at the front' in treatment programmes and in prevention sessions. In France, only a small number of people perform all the work that the majority feel uncomfortable to perform: work which is not professionally or politically rewarding. I write this open letter because I feel increasingly uneasy with the presentation of scientific results on alcohol prevention.

What is the problem?

To be brief: an increasing number of experts state that 'alcohol control works but education is inefficient'. I recognize that results are often presented more subtly, but it is this basic message which is recalled by many observers, both for or against the statement. I heard of this controversy for the first time in the 1990s; I remained silent. Now the 'argument' has been expounded in several books. I have already seen on many occasions how basic information provokes depression in grass-roots social workers' audiences. In the Eurocare conference, held in Warsaw in June 2004, the presentation of the results by Tom Babor provoked a large negative reaction, especially among representatives of Eastern Europe, who find it difficult to return to state control policy. Also in Warsaw, the representatives of the French Ministry of Health noted the information and I was asked for more details later by the Director in charge of alcohol prevention at the French Health Ministry. Now a paper has been published in the *Lancet* (Room *et al.* 2005) and is accessible to many French medical academics who know only one English

medical journal: 'Si le *Lancet* le dit, cela doit être vrai' [If the *Lancet* says so, it must be true']. These readers, who are not experts in public health and whose knowledge of English often limits them to reading summaries or comments on the original papers, are now beginning to talk about it, some of them as perverse 'medecins amis du vin' (just as in the 1930s), some playing the devil's advocate, a French national sport. French producers do not want to attract attention on this debate, with the risk that the media would point at what has been demonstrated: the effectiveness of alcohol control. We are now waiting for French officials to use the information in order to reduce funds for education, taking notice of half the information—'education does not work'—and forgetting the main argument, because they do not want or cannot implement measures of alcohol control for political reasons. This situation concerns many countries outside France—in the Mediterranean area, in the former communist bloc and even in Northern Europe—where freedom to drink without controls will be a result of European economic and political integration.

How do we respond to this situation?

Everywhere, government health officials have been asking increasingly for scientific evaluation. However, the administrative and political individuals in charge of policy will choose the information that suits them and forget that they asked for evidence-based policy if the evidence does not accord with their wishes. All over Europe, many authorities do not want or cannot implement effective measures of alcohol control: they forget that the demonstration of effectiveness of control is factual. They do not forget doubts about education, because this opens up new prospects for savings and avoids guilt for not funding more educational programmes.

What can alcohol researchers do?

Of course, as scientists your results must be published, demarcating you from the 'mauvaise foi' of others: for example, alcohol producers or politicians. I am not asking you to conceal results which look detrimental to 'the cause', but to consider how to be more politically sensitive and more concerned about the professional lives of grass-roots workers in fragile situations. Otherwise, we shall reach the risky position where 'hazardous information can be dangerous to your health'. Now, coming to the results, is the argument really achieved?

Much of the argument relies on the evaluation of education and persuasion strategies. If we read the study by Babor *et al.* (2003) attentively we can see that the authors recognize, for example, that public service announcements and counter-advertising are 'rarely seen' and that their quality is 'often poor'. They are also surprised that, in spite of this, 'a small positive effect' has

been observed (p. 191). We would like this conclusion enhanced and suggest an alternative conclusion: high-quality anti-drinking messages, largely visible, would have a large impact. The results of schools-based programmes should be considered with the same attention. It has been written, for example (p. 196), that they 'generally produce modest effects that are short lived unless accompanied by ongoing "booster" sessions'. After a comprehensive programme, students 'report significantly less alcohol use in the past month', but 'all of these differences dissipated after the intervention ended' (p. 197). Yet, in another schools programme, 'monthly drinking was significantly lower in the intervention than in the comparison schools after one year, but it did not differ after three years'. Indeed, in a specific programme in a college 'some improvement was observed for experimental groups participants who had a longer exposure' (p. 199).

My questions are: what happens if education continues in the long term and does not stop after only a few sessions? Can we reach a scientific conclusion in the context of these experiences? What about marketing to young people by the drinks industry: it is relentless, with huge means; it uses advertising and other persuasion tools (e.g. education, which is, incidentally, believed to be successful by the alcohol industry).

All the results would certainly be different were education to be provided continuously or at least regularly; if education could reach the same level of quality as pro-drinking messages; if counter-education by the marketing of alcohol did not interfere with educational work. The same influence perturbs results from the general population, which does not live in laboratory conditions. Perhaps effectiveness is not proved because proof is impossible in a real context. We need more methodological work.

Should we not consider more attentively socio-cultural differences? Are the results of studies conducted in Anglo-Saxon settings applicable everywhere? I know that, through globalization, drinking patterns are converging, especially among young people. However, in the meantime education may be more necessary and efficient in countries where 'passion for alcohol' is strong, where prejudices and clichés in favour of alcohol need to be challenged permanently. Education cannot be abandoned to the drinks industry and their popular 'sensible drinking' programmes. If education is not also provided by prevention experts, producers will take advantage of this situation. They will promote dangerous programmes in many community settings (including primary schools, as they already tried to do in France) without being challenged.

Some of you may answer 'education and control should go hand in hand'; but, writing this letter, I am not

looking for this kind of consensus ['un consensus mou']. Everyone (except the alcohol industry) accepts the intent of this global approach. We know also that legislation needs to be explained: only education can make control acceptable. Moreover, it is true that laws provide a framework for society and that the enforcement of laws engenders the discussion of and then working with them as part of the education process. Beyond that, I think that evidence of the ineffectiveness of education is not shown because not all the factors can be assessed. Until this happens, researchers should be more prudent before disparaging education, given the potential misuse of their work. I am not looking for polite approval or political correctness ('We must respect the ideas of a minority and the work of grass-roots workers'); we need a more acute position, a more ethical and political approach, even in the field of science, and especially with regard to human sciences. Education is needed: it is democracy. Control by the elite has many risks of failure.

What can we do?

We may hope that the situation is not irreversible, that education will not be neglected for a long period after the publication of partial results. My dear friends and colleagues, a hard task is before us.

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EDUCATION, PERSUASION AND THE REDUCTION OF ALCOHOL-RELATED HARM: A REPLY TO CRAPLET (2006)

In an open letter to *Addiction*, Michel Craplet (2006) is both sceptical and unhappy about recent publications (Babor *et al.* 2003; Room *et al.* 2005) that have called into question the assumed effectiveness of education and persuasion as primary preventive approaches to reduce alcohol-related harm. Craplet suggests a different and more differentiated approach to the issue and argues for a more benign interpretation of the cumulative evidence for several reasons: (a) some interventions have had positive results and (b) we lack evidence about the effects of long-term and intensive interventions.

While the current evidence has methodological limitations (Foxcroft *et al.* 2002, 2003), it is coherent in the sense that no firm positive conclusions about the effectiveness of educative interventions in the short- and medium-term are possible. This is a strong statement, made after more than 50 controlled studies had been evaluated in a standardized Cochrane review (Foxcroft *et al.* 2002). Together with the finding that many studies showed ineffectiveness, the conclusion drawn in such publications as *Alcohol: No Ordinary Commodity* (Babor *et al.* 2003) seems justified.

What does this mean for education and persuasion activities as a means to reduce alcohol-related harm, and for those engaged in such activities? First and foremost, there seems to be evidence, particularly from the United States, that educational and other persuasive activities, such as media campaigns and warning labels, have not been effective. For much of the world, including most of Europe, there has been no research on effectiveness at all, although this is a case where no news is unlikely to be good news. The results of the reviews do not mean that all future activities will necessarily be ineffective, especially if they are guided by different theoretical principles and more intensive implementation. In this respect the example of tobacco control efforts is instructive. The overall picture on school-based programmes to prevent tobacco use is as pessimistic as that for alcohol (Thomas 2002), but the research on media persuasion campaigns is more promising, with one important caveat: the advertisements need to portray hard-hitting attacks by government on the tobacco industry, suggesting, for example, that 'they are not in business for your health' (Sly *et al.* 2002; Hersey *et al.* 2005). This underlines the importance of identifying boundary conditions, beyond which persuasion and education could be successful. It seems that primary preventive interventions could be successful if they are more intense, more professional and are carried out in the context of larger social movements (e.g. the current anti-tobacco movement and historically, for alcohol, the temperance movement), which are not focused solely on young people. Unfortunately, these conditions do not apply well to current alcohol education and persuasion efforts. Globally, we have not seen any hard-hitting government campaigns against the alcohol industry, and alcohol control does not seem to be a popular focus of current social movements. This may explain the lack of effectiveness of current education and persuasion interventions in the alcohol area.

What can we conclude from Michel Craplet's plea to reconsider alcohol education and persuasion strategies? Contrary to Craplet's portrayal of the evidence we have reviewed, we believe that there is a role for education and persuasion, mainly in conjunction with evidence-based control measures (e.g. taxation, drinking-driving laws,

etc.; see Babor *et al.* 2003). Primary prevention activities can create a social climate of better acceptance for effective measures. However, given the current state of knowledge, they are unlikely to reduce alcohol-related harm alone, i.e. without other control measures.

Of course, the above conclusion may be misused by governments to cut primary prevention efforts in situations where there is no public or political support for more effective control measures. Because there is no convincing evidence that education and persuasion measures alone can reduce alcohol-related harm, public health advocates should insist on other interventions for which there is much more promising evidence of effectiveness. After all, the global net health impact of alcohol equals that of tobacco (Rehm *et al.* 2003), which is a compelling argument for reducing this harm. A good place to start is with alcohol marketing. One working hypothesis is that alcohol education and anti-alcohol persuasion activities are futile when they have to compete directly with well-financed and aggressive marketing campaigns aimed at the same audience. Alcohol education may work better in populations where restrictions on marketing alcohol to young people are enforced systematically. If all the good will, money and energy invested in alcohol education and persuasion strategies could be channelled into more effective interventions, perhaps our pessimistic and (for some) demoralizing conclusions about lack of effectiveness will have served a useful purpose.

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